PTO/SB/21 (01-08) Approved for use through 06/30/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ler the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/587,674 Filing Date TRANSMITTAL July 27, 2006 First Named Inventor **FORM** Yuichi Sadamitsu Art Unit Examiner Name Wu, Shean Chiu (to be used for all correspondence after initial filing) Attorney Docket Number 442P102 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply)

\checkmark	Fee Transmittal Form			Drawing(s)		$ \mathbf{V} $	Alter Allowance Communication to 10		
	✓ Fe	ee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
	Extension Express A Information Certified Cocumen Reply to M Incomplet	fiter Final ffidavits/declaration(s) of Time Request Abandonment Request on Disclosure Statement Copy of Priority t(s) Missing Parts/ te Application eply to Missing Parts onder 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Carks	e Address	-Forr -Cop -Cop 2/21,			
		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, O	R AG	ENT		
Firm Name Nields & Lemack									
Signature									
Printed name Kevin S. Lemack									
Date June 20, 2008		June 20, 2008			Reg. No.	32,579	579		

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· For	08	First Named Inventor Y		Yuichi Sadamitsu								
Applicant claims small	antity etatue	See 37 CER 1 27	Examiner Name	е	Wu, Shean Chiu	u, Shean Chiu						
			Art Unit 17		795							
TOTAL AMOUNT OF PAYM	IENT (\$)	990.00	Attorney Docke	t No.	442P102	J2P102						
METHOD OF PAYMENT	METHOD OF PAYMENT (check all that apply)											
Check Credit C	✓ Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: Nields & Lemack											
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For the above-identifi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
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Charge any ac	Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION		···										
1. BASIC FILING, SEAR	1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
		ES S	EAK	CH FEES Small Entity		INATION FEES Small Entity						
Application Type	_		ee (\$)		<u>Fee</u>	(\$) Fee (\$)	Fees Paid (\$)					
Utility			510	255	210							
Design			100	50	130							
Plant			310	155	160							
Reissue			510	255	620							
Provisional		105	0	0	C	0	Small Entity					
2. EXCESS CLAIM FEE Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (in						50	25					
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	Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee						Dependent Claims					
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3 or HP =	3 or HP = x =											
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If the specification and	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 = /50 = (round up to a whole number) x = Fee (\$)												
4. OTHER FEE(S)												
	Other (e.g., late filing surcharge): RCE and IDS Filing Fee \$9											

SUBMITTED BY Registration No. (Attorney/Agent) 32,579 Telephone 508-898-1818 Signature Date June 20, 2008 Name (Print/Type) Kevin S. Lemack

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